

2015

# St. Charles Parish Parks and Recreation Inclusive Day Camp

Camp Personnel Contact - (985) 331-3007 or (985) 331-3010  
Fax (985) 783-5095 - Office: 274 Judge Edwards Dufresne Pkwy

Web Site: [www.stcharlesgov.net](http://www.stcharlesgov.net)

June 1st-July 10th - 9:00 A.M. to 3:00 P.M. - **Monday - Friday ----- Camp will be 5 days a week!!!**

**LIMITED ENROLLMENT AT EACH SITE: REGISTER EARLY!!!!**

## Ages 5-12 - Teen Camp Ages 13-15 - Camp Sunshine 5-21(With Disabilities)

### ACTIVITIES

Team Sports, Arts & Crafts, Board Games, Music, Talent Show, Outdoor Activities, Movie Time, Field Trips, Swimming, Splash Park and much more!!

### Tutoring

Ethel Schoeffner site only!!  
Call 504-722-3636

Camp Shriver - Schoeffner Site  
For Children with disabilities  
Flag Football, Soccer, Bocce & Tennis  
JULY 1, 2, & 3

**ABSOLUTELY  
"NO REFUNDS"**

### 4 CAMP SITES

#### Ethel Schoeffner

Ages 5-12  
Teen Camp - Ages 13-15  
Camp Sunshine Ages 15-21 With Disabilities

#### Lakewood St. Rose Luling

Lakewood & Schoeffner (Before/After Care)  
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### CAMP RATE

**\$350.00 FEE** WILL BE CHARGED  
FOR EACH CAMPER!!

Activity & Field Trips Included  
One Free T-Shirt Included  
Additional T-Shirts can be purchased  
\$5.00 each at each site.

(Size - Youth Small will not be offered)  
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**Online PayPal Registration is advised to  
insure admission to camp**

### Saturday Registration Sites

April 25th 9:00 - 12:00 Noon

### Community Center

T-Shirts available to purchase on the above  
referenced dates.

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**Please bring Bag Lunch - Community  
Services provides free hot lunch at  
Luling**

### OPTIONAL:

Before & After Care available for an  
additional fee at Lakewood & Schoeffner  
One-time fee of **\$350.00**  
Must be paid in full prior to camp

**Camp Counselors are NO LONGER  
ALLOWED TO CHANGE DIAPERS!!  
NO CIT's Will Be Offered this Year!**

## CAMP APPLICATION FORM (One Form per Camper)

Camper's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male or Female (circle one)  
Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Office: \_\_\_\_\_  
For Emergency Contact (Name & #): 1) \_\_\_\_\_ 2) \_\_\_\_\_  
Campsite Interested in Attending: (**Please Circle One**) Luling Lakewood Ethel Schoeffner ( Plus -Teen Camp & Camp Sunshine) St. Rose

**Please indicate any special needs, allergies, medical problems and/or other information inclusion facilitator should be aware of:**

Shirt size - Please circle one: YM YL AS AM AL AXL (You will receive 1 Free T-Shirt for Camp!)

### PARENTAL CONSENT AGREEMENT

I hereby give my permission for my child (name) \_\_\_\_\_ to participate in the St. Charles Parish Recreation Department Summer Camp. If injured in camp, I will allow my child to be taken for hospital care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Listed Below is For Office Use Only

Paid Amount of: \_\_\_\_\_ on \_\_\_\_\_ Camp Fee. Paid Amount of: \_\_\_\_\_ for T-Shirt.  
Paid Amount of: \_\_\_\_\_ on \_\_\_\_\_ Before/After Care Fee.

**Camp Fee of \$350 & Before/After Care Fee (\$350) must be paid before child can attend camp.**